2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P03000058222

Entity Name: JCM INSURANCE, INC.

Current Principal Place of Business:

150 WARREN CIRCLE
SUITE 2
JACKSONVILLE, FL 32259

New Principal Place of Business:

10991 SAN JOSE BLVD
SUITE 4
JACKSONVILLE, FL 32223

Current Mailing Address:

150 WARREN CIRCLE
SUITE 2
JACKSONVILLE, FL 32259

New Mailing Address:

10991 SAN JOSE BLVD
SUITE 4
JACKSONVILLE, FL 32223

FEI Number: 33-1059889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIHL, JAMES L
1613 BLANDING BLVD
SUITE 1
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

PIHL, JAMES L
10991 SAN JOSE BLVD
SUITE 4
JACKSONVILLE, FL 32223 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES L. PIHL 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: PIHL, JAMES
Address: 808 ESQUIRE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: V ( ) Delete
Name: PIHL, CHANDRA
Address: 808 ESQUIRE LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: PIHL, JAMES
Address: 10991 SAN JOSE BLVD, STE 4
City-St-Zip: JACKSONVILLE, FL 32223

Title: V (X) Change ( ) Addition
Name: PIHL, CHANDRA
Address: 10991 SAN JOSE BLVD, STE 4
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. PIHL PSTD 04/26/2006
Electronic Signature of Signing Officer or Director Date